

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-575) | | | | | | SERIAL NO. 10-049,448 | | APPLICANT(S) | |
|--|----------|------|------------------------------------|------|------------------------------------|--------------------------|-----------------|--------------|------|
| | | | | | | CLAIMS | | | |
| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | | | |
| | IND. | DEF. | IND. | DEF. | IND. | DEF. | | IND. | DEF. |
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| TOTAL IND. | 2 | | | | | | TOTAL IND. | | |
| TOTAL DEF. | 11 | | | | | | TOTAL DEF. | | |
| TOTAL CLAIMS | 13 | | | | | | TOTAL CLAIMS | | |

PTO-575 (5-79)

SEE INSTRUCTIONS FOR ADDITIONAL CLAIMS ON AMENDMENTS

FOR FURTHER INFORMATION